
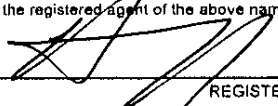
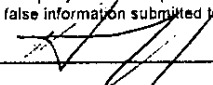


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 MAY 16 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 104000028888					
1. Limited Liability Company's Name J R REALTY, LLC					
2. Principal Office Address - No P.O. Box # 8440 N TAMiami TrL		3. Mailing Office Address 8440 N TAMiami TrL		CR2E041 (1/14)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation Florida / United States	
City & State SARASOTA, FL		City & State SARASOTA, FL		5. Date Organized or Qualified To Do Business in Florida	
Zip 34243	Country USA	Zip 34243	Country USA	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name HARVEY VENGROFF					
Street Address (P.O. Box Number is Not Acceptable) 8440 N TAMiami TrL					
Suite, Apt. #, Etc.					
City SARASOTA		State FL	Zip Code 34243	600260389626 05/19/14--01003--014 **932.S	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date _____	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	HARVEY VENGROFF	8440 N TAMiami TrL		SARASOTA, FL 34243	
11. E-mail Address: <u>mhankin@sarasotalawfirm.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 				Date <u>04/30/2014</u> Daytime Phone # <u>(941) 957-0080</u>	
Typed or printed name of signing Authorized Representative/Manager <u>HARVEY VENGROFF</u>					